

**PETITION FOR EXTENSION OF TIME  
UNDER 37 CFR 1.136(a)**

Docket Number

**A8689**

Confirmation Number

**3309**

FY 2009

*(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)*

Application Number **10/729,441**

Filing Date

**December 8, 2003**

For **ANTI-IGF-I RECEPTOR ANTIBODIES**

Art Unit **1643**

Examiner Name

**Bradley, Duffy**

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

		<u>Fee</u>	<u>Small Entity Fee</u>	
<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$130.00	\$65.00	\$130.00
<input type="checkbox"/>	Two month (37 CFR 1.17(a)(2))	\$490.00	\$245.00	
<input type="checkbox"/>	Three month (37 CFR 1.17(a)(3))	\$1110.00	\$555.00	
<input type="checkbox"/>	Four month (37 CFR 1.17(a)(4))	\$1730.00	\$865.00	
<input type="checkbox"/>	Five month (37 CFR 1.17(a)(5))	\$2350.00	\$1175.00	
<input type="checkbox"/>	Previous Payment Amount	Date Submitted		
<input type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27			
<input type="checkbox"/>	A check in the amount of the fee is enclosed.			
<input checked="" type="checkbox"/>	Payment by credit card.			
<input type="checkbox"/>	The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/>	The Director is hereby authorized to charge any fees, <b>except for the Issue Fee and the Publication Fee</b> , or credit any overpayment, to Deposit Account Number 19-4880.			

I am the

- ☐ applicant/inventor
- ☐ assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).
- ☒ attorney or agent of record. Registration Number 59,887
- ☐ attorney or agent under 37 CFR 1.34.  
Registration number if acting under 37 CFR 1.34 \_\_\_\_\_

WASHINGTON DC  
SUGHRUE/97711

**97711**

CUSTOMER NUMBER



Signature

William J. Simmons, Ph.D.

Typed or printed name

April 6, 2011

Date

(202) 293-7060

Telephone Number

Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 form is submitted.